ATTORNEY DOCKET NO. 10003526-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

| METHOD A   | AND | APPARATUS FOR MOROPHOLOGICAL MODEL! | NG ( | OF COMPLEX | SYSTEMS | TO | PREDIC' |
|------------|-----|-------------------------------------|------|------------|---------|----|---------|
| DEDECIDADA |     |                                     |      |            |         |    |         |

| patent is sought on the METHOD AND APPARA  | invention                             | n entitled:<br>PR MOROPHOLOGICAL  | MODELING OF COM  | IPLEX SYSTEMS                                     | TO PREDICT                                  |
|--|---------------------------------------|---|--|---|---|
| PERFORMANCE<br>the specification of whi  | ah ia att                             | cohod horoto unloss th  | e following boy is che   | vked.   |   |
| the specification of whi   | ch is all                             | ached hereto uniess th  | etian Carial No. or PC   | Tintornational A                                  | nnlication                                  |
| ( ) was filed on<br>Number   | and w                                 | as amended on   | ation Serial No. of PC   | plicable).  | гррпсанон                                   |
| I hereby state that I h<br>including the claims, a<br>disclose all information   | s amend                               | ed by any amendmen  | tisi reterred to above   | e. I acknow ledg                                  | specification,<br>ge the duty to            |
| Foreign Application(s) and/or  | Claim of F                            | oreign Priority   |  |   |   |
| I hereby claim foreign priorit<br>inventor(s) certificate listed b<br>filing date before that of the   | elow and l                            | have also identified below ar   | ny foreign application for p   | any foreign application<br>atent or inventor(s) o | on(s) for patent or<br>certificate having a |
| COUNTRY  |                                       | APPLICATION NUMBER  | DATE FILED   | PRIORITY CLAIMED U                                | NDER 35 U.S.C. 119                          |
|  |                                       |   |  | YES:  | NO:   |
|  | -                                     |   |  | YES:  | NO:   |
| Provisional Application  |                                       |   |  |   |   |
| I hereby claim the benefit u below:  | nder Title                            | 35, United States Code Sec  | ction 119(e) of any United   | States provisional                                | application(s) listed                       |
|  | APF                                   | LICATION SERIAL NUMBER  | FILING DATE  |   |   |
|  |                                       |   |  |   |   |
|  |                                       |   |  |   |   |
| I hereby claim the benefit usinsofar as the subject matter manner provided by the first information as defined in Titapplication and the national of the natio | r of each<br>t paragrap<br>le 37, Coc | of the claims of this applica<br>h of Title 35, United States<br>le of Federal Regulations, Se                                      | ation is not disclosed in the<br>Code Section 112, I ack<br>ection 1.56(a) which occur | e prior United States                             | o disclose materia                          |
| APPLICATION SERIAL NUM   | BER                                   | FILING DATE   | STATUS (   | patented/pending/abandone                         | d)  |
|  |                                       |   |  |   |   |
|  |                                       |   |  |   |   |
|  |                                       |   |  |   |   |
| POWER OF ATTORNEY:<br>As a named inventor, I he<br>business in the Patent and T  | reby appo<br>rademark                 | int the following attorney(s<br>Office connected therewith:   | s) and/or agent(s) to pros   | ecute this application                            | on and transact a                           |
| Customer   | Number                                | 022879  | Place Customer<br>Number Bar Code<br>Label here  |   |   |
| Send Correspondence to<br>HEWLETT-PACKARD CO<br>Intellectual Property Adi<br>P.O. Box 272400<br>Fort Collins, Colorado 8   | OMPANY<br>ministration                |   | Direct Telephone   | e Calls To:                                       |   |
| made on information a<br>the knowledge that w  | and belie<br>illful fals<br>n 1001 e  | ments made herein of<br>of are believed to be tru-<br>se statements and the<br>of Title 18 of the Unite<br>the application or any p | ue; and further that tr<br>like so made are pun<br>ed States Code and t                | ishable by fine o<br>hat such willful f           | were made wit<br>or imprisonmen             |
| Full Name of Inventor: M   | ustafa U                              | YSAL  | Citizenship: _T  | urkey   |   |
| Residence: 2   | 403 Hal                               | sey Circle, Davis, CA   | 95616  |   |   |

Post Office Address:

Date

Same as Residence

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10003526-1

| Full Name of # 2 joint inventor: |                             | Citizenship: Germany   |
|----------------------------------|-----------------------------|------------------------|
| Residence:                       | 735 Sunset Ridge Road, Los  | Gatos, CA 95033        |
| Post Office Address:             | Same as Residence           |                        |
| nventor's Signature              |                             | Date                   |
| Full Name of # 3 joint inventor: | Arif MERCHANT               | Citizenship: US        |
| Residence:                       | 439 Traverso Avenue, Los A  |                        |
|                                  | Same as Residence           |                        |
| Post Office Address:             |                             |                        |
| nventor's Signature              |                             | Date                   |
| Full Name of # 4 joint inventor: |                             | Citizenship: Argentina |
| Residence:                       | 1615 Blossom Hill Road, Sai | n Jose, CA 95124       |
| Post Office Address:             | Same as Residence           |                        |
| Inventor's Signature             |                             | Date                   |
|                                  |                             |                        |
| Full Name of # 5 joint inventor: |                             | Citizenship:           |
| Residence:                       |                             |                        |
| Post Office Address:             |                             |                        |
|                                  |                             |                        |
| Inventor's Signature             |                             | Date                   |
| Full Name of # C joint Inventor  |                             | Citizenship:           |
| Full Name of # 6 joint inventor  | ·                           | опилонир.              |
| Residence:                       |                             |                        |
| Post Office Address:             |                             |                        |
| Inventor's Signature             | -                           | Date                   |
|                                  |                             |                        |
| Full Name of # 7 joint invento   | r:                          | Citizenship:           |
| Residence:                       |                             |                        |
| Post Office Address:             |                             |                        |
| Inventor's Signature             |                             | Date                   |
|                                  |                             |                        |
| Full Name of # 8 joint invento   | or:                         | Citizenship:           |
| Residence:                       | or:                         |                        |
| Post Office Address:             |                             |                        |
| i dat Ottioe Address.            |                             |                        |
| Inventor o Signatura             |                             | Date                   |